

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

## DO NOT WRITE IN THIS SPACE

Case  
03-CA-302767Date Filed  
9/7/2022

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer University of Vermont Health Network at Champlain Valley Physicians Hospital		b. Tel. No. 518-561-2000
		c. Cell No.
		f. Fax No. 518-562-7302
d. Address (Street, city, state, and ZIP code) 75 Beekman St. Plattsburgh, NY 12901	e. Employer Representative Thomas Gosrich, Associate VP of Human Resources	g. e-Mail tgosrich@cvph.org
		h. Number of workers employed Approx. 802
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the six months preceding the filing of this charge, the Employer discharged (b) (6), (b) (7)(C) in violation of Sections 8 (a)(1) and 8(a)(3) of the Act.

## 3. Full name of party filing charge (if labor organization, give full name, including local name and number)

New York State Nurses Association

4a. Address (Street and number, city, state, and ZIP code) 131 W. 33rd Street, Floor 4 New York, NY 10001 c/o Jessica Oliva	4b. Tel. No. 347-296-7723
	4c. Cell No.
	4d. Fax No. 518-782-1286
	4e. e-Mail jessica.oliva@NYSNA.org

## 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) New York State Nurses Association

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By /s/ Bernard Mason

Bernard Mason, Associate Counsel

(signature of representative or person making charge)

(Print/type name and title or office, if any)

Tel. No. 917-865-3273

Office, if any, Cell No.  
917-865-3273

Fax No. 518-782-1286

e-Mail  
Bernard.Mason@NYSNA.org

Address 131 W. 33rd Street, Floor 4, New York, NY 10001

9/6/2022  
(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.